

TRANSMITTAL FORMAttorney Docket No:
CA920010044US1/2329PIn re the application of: **Calisto P. ZUZARTE** Confirmation No: **8633**Serial No: **10/021,520**Group Art Unit: **2164**Filed: **October 30, 2001**Examiner: **Chojnacki, Melissa M.**For: **Method of Cardinality Estimation Using Statistical Soft Constraints****ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	Substitute Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	Reference Copies	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc.	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln.	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

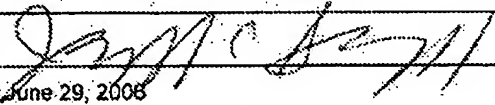
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	23	24	0	\$ 50.00	\$ 0.00
Independent Claims	5	6	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT

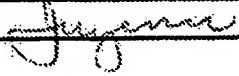
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 09-0460 (IBM Corporation).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	June 29, 2006


CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being transmitted to Examiner Melissa M. Chojnacki via the USPTO EFS-Web on June 29, 2006.

Type or printed name	Jinny Nguyen
Signature	

CERTIFICATE OF TRANSMISSION

Whereby certify that this correspondence is being transmitted to Examiner Mellissa M. Chojnacki via the USPTO EFS-Web on June 29, 2006.


Hany Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: June 29, 2006

Calisto P. ZUZARTE

Confirmation No. 8633

Serial No: 10/021,520

Group Art Unit: 2164

Filed: October 30, 2001

Examiner: Chojnacki, Mellissa M.

For: METHOD OF CARDINALITY ESTIMATION USING STATISTICAL SOFT
CONSTRAINTS

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated May 17, 2006, please amend the above-identified application in the following manner.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.